

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

43230

1. PLACE OF DEATH
 County St. Louis Registration District No. 894
 Township Marshall Primary Registration District No. 4542
 City Marshall (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Melissa J. Hausser

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. S. Hausser</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 14, 1862</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>9</u>	DAYS <u>27</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hosiery</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

FATHER

13. NAME William Jester

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER

15. MAIDEN NAME Martha Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT J. S. Hausser
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshalltown Iowa DATE 12/13/31 19

19. UNDERTAKER J. M. McHenry
(ADDRESS) Marshalltown Mo.

20. FILED Dec 15 1931 J. P. Bruce
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1931, to Dec 11 1931
 Last saw her alive on Dec 11 - 1931. Death is said to have occurred on the date stated above, at 11:20 P.m.
 The principal cause of death and related causes of importance were as follows:

Senile Phycosis
160162

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. F. Bellich, M. D.
 (Address) Marion Mo.

